

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/811161

FILING DATE

APPLICANT(S)

09/26/05 01/27/06

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2						
3						
4						
5						
6						
7	/		/			
8						
9	3		3			
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48						
49						
50						
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	31	↓	31	↓		↓
TOTAL CLAIMS	38		39			

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IND.	DEP.	IND.	DEP.	IND.	DEP.
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96					
97					
98					
99					
100					
TOTAL IND.		↓			
TOTAL DEP.		↓		↓	
TOTAL CLAIMS					

\* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS